

Credit Union Name & Address	
CHESSIE FCU PO BOX 689 CUMBERLAND MD 21501-0689	

Enter **Non-Individual Owner Information** on page 2. There is additional **Owner/Signer Information** space on page 2.

Owner/Signer Information 1	
Name	
Efunds	
Address	
Mailing Address (if different)	
Gov't Issued Photo ID (type, number, state, issue date, exp. date)	
Other ID (description, details)	
Employer's Name, Address, Phone & Occupation	
Previous Financial Inst. Member Qualification/Relationship to Member	
E-Mail	
Work Phone	Mother's Maiden Name
Home Phone:	Mobile Phone:
Birth Date:	SSN/TIN:

Ownership of Account	
The specified ownership will remain the same for all accounts.	
<input type="checkbox"/> Individual <input type="checkbox"/> Joint with Survivorship (not as tenants in common) <input type="checkbox"/> Joint with No Survivorship (as tenants in common)	
<input type="checkbox"/> Sole Proprietorship or Single Member LLC <input type="checkbox"/> Partnership <input type="checkbox"/> LLC-enter tax classification (<input type="checkbox"/> C Corp <input type="checkbox"/> S Corp <input type="checkbox"/> Partnership) <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> _____ <input type="checkbox"/> Trust-Separate Agreement Dated: _____ <input type="checkbox"/> _____	

Beneficiary Designation	
<i>(Check appropriate ownership above.)</i>	
<input type="checkbox"/> Revocable Trust	<input type="checkbox"/> Pay-On-Death (POD)
<input type="checkbox"/> _____	

Beneficiary Name(s), Address(es), SSN(s), Birth(s) and Phone Number(s)	
<i>(Check appropriate beneficiary designation above.)</i>	

Member No.	
Account Title & Address	

If checked, this is a temporary account agreement.
 Number of signatures required for withdrawal: _____ .

Owner/Joint Owner Convenience Signer Information 2	
Name	
Efunds	
Address	
Mailing Address (if different)	
Gov't Issued Photo ID (type, number, state, issue date, exp. date)	
Other ID (description, details)	
Employer's Name, Address, Phone & Occupation	
Previous Financial Inst. Member Qualification/Relationship to Member	
E-Mail	
Work Phone	Mother's Maiden Name
Home Phone:	Mobile Phone:
Birth Date:	SSN/TIN:

Signature(s)	
The undersigned authorize the credit union to investigate credit and employment history and obtain reports from consumer reporting agency(ies) on them as individuals. Except as otherwise provided by law or other documents, each of the undersigned is authorized to make withdrawals from the account(s), provided the required number of signatures indicated above is satisfied. The undersigned agree to the by-laws of the credit union, including any requirement to pay a membership or entrance fee, and agree to the terms of, and acknowledge receipt of copy(ies) of, the following agreements or disclosures:	
<input type="checkbox"/> Terms & Conditions <input type="checkbox"/> Truth in Savings <input type="checkbox"/> Funds Availability <input type="checkbox"/> Electronic Fund Transfers <input type="checkbox"/> Privacy <input type="checkbox"/> Substitute Checks <input type="checkbox"/> Common Features <input type="checkbox"/> _____	

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Convenience Signer (See Owner/Signer Information for Convenience Signer designation(s).)

[X]

[X]

[X] [X]

_____ CU Employee's Initials (OFFICE USE ONLY)

Owner/Joint Owner Information 3	
Name	
Efunds	
Address	
Mailing Address (if different)	
Gov't Issued Photo ID (type, number, state, issue date, exp. date)	
Other ID (description, details)	
Employer's Name, Address, Phone & Occupation	
Previous Financial Inst.	
Member Qualification/Relationship to Member	
E-Mail	
Work Phone	Mother's Maiden Name
Home Phone:	Mobile Phone:
Birth Date:	SSN/TIN:

Owner/Joint Owner Information 4	
Name	
Efunds	
Address	
Mailing Address (if different)	
Gov't Issued Photo ID (type, number, state, issue date, exp. date)	
Other ID (description, details)	
Employer's Name, Address, Phone & Occupation	
Previous Financial Inst.	
Member Qualification/Relationship to Member	
E-Mail	
Work Phone	Mother's Maiden Name
Home Phone:	Mobile Phone:
Birth Date:	SSN/TIN:

Business Account/Non-Individual Owner Information	
Name	
State/Country & Date of Organization	
Nature of Business	
Address	
Mailing Address (if different)	
Authorization/Resolution Date	
Previous Financial Inst.	
Type of Entity	
Member Qualification	
E-Mail	
Phone	
EIN:	Mobile Phone:

Backup Withholding Certifications
(If not a "U.S. Person", certify foreign status separately)
<input type="checkbox"/> By signing signature field (1) on this document, I certify under penalties of perjury that the statements made in this section are true and that I am a U.S. citizen or other U.S. person (as defined in the instructions).
<input type="checkbox"/> Taxpayer I.D. Number - TIN: _____ The Taxpayer Identification Number (TIN) shown is my correct taxpayer identification number.
<input type="checkbox"/> Backup Withholding. I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding.
<input type="checkbox"/> Exempt Recipients. I am an exempt recipient under the Internal Revenue Service Regulations. Exempt payee code (if any) _____
FATCA Code. The FATCA code entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Member Account Description	
<input type="checkbox"/> Share Savings	<input type="checkbox"/> Moola Moola Club
<input type="checkbox"/> Share Draft Checking _____	<input type="checkbox"/> Christmas Club
<input type="checkbox"/> Value Checking	<input type="checkbox"/> Vacation Club
<input type="checkbox"/> Premier Checking	<input type="checkbox"/> Share Over-Draft Protection
<input type="checkbox"/> Young Adult Checking	<input type="checkbox"/> Kasasa Cash Checking
<input type="checkbox"/> Young at Heart Plus Checking	<input type="checkbox"/> Kasasa Saver Cash (11)
<input type="checkbox"/> Money Market Checking	<input type="checkbox"/> Kasasa Cash Back Checking
<input type="checkbox"/> Fresh Start Checking	<input type="checkbox"/> Kasasa Saver Cash Back (12)
<input type="checkbox"/> Young @ Heart Silver Checking _____	<input type="checkbox"/> _____

Business Account Description	
<input type="checkbox"/> Business Savings	<input type="checkbox"/> Business Interest Checking
<input type="checkbox"/> Business Community Checking	<input type="checkbox"/> Business Money Market
<input type="checkbox"/> Business Basic Checking	<input type="checkbox"/> _____

Services Requested
<input type="checkbox"/> ATM
<input type="checkbox"/> Debit/Check Card
<input type="checkbox"/> Home Banking
<input type="checkbox"/> BillPayer
<input type="checkbox"/> OPT-IN (Courtesy Pay-ODP)
<input type="checkbox"/> Tellerphone
<input type="checkbox"/> Transfer To Kasasa Saver

Important Account Opening Information. Federal law requires us to obtain sufficient information to verify your identity. You may be asked several questions and to provide one or more forms of identification to fulfill this requirement. In some instances we may use outside sources to confirm the information. The information you provide is protected by our privacy policy and federal law.

_____ CU Employee's Initials (OFFICE USE ONLY)